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This service distributes news and information to
Sailors and Marines, their families, civilian employees, and
retired Navy and Marine Corps families. Further
dissemination of this e-mail is encouraged.

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Headline: Navy Dentist's Innovation Cuts Man-Hours

Pearl Harbor, HI-Thanks to innovative computer
programming, a Navy dentist has found a way to save dentists
and technicians time and make dental records more readable.

CAPT Steve Wallace, DC, the director at Branch Dental
Clinic Pearl Harbor, developed the program to help solve a
problem many health care providers can relate to.

"I had a manpower shortage, and I wanted to find a way
to help us (the clinic) with it," said Wallace.

After discussing the problem with a fellow Navy
dentist, Wallace thought developing a computer program to
eliminate duplicate entries of the same information on
various documents might be one way. He decided to teach
himself computer programming so he could write a program to
eliminate this manpower-intensive requirement and increase
the clinic's efficiency.

Learning computer programming wasn't something Wallace
conquered overnight.

"It took me about six months, 20 hours a week, to learn
how to write a program compatible with Windows 95," said
Wallace.

The result of Wallace's endeavor is the Computer
Assisted Patient Examination, or CAPE, a Windows 95-

compatible program that uses a "point-and-click" method to enter dental information about patients. This information can be stored in the computer and also printed out for the dentist's signature for the patient's "hard copy" dental record. Hand-written entries are eliminated, making records much easier to read. Additionally, the program allows dental officers' production data and patients' treatment needs to be sent to the appropriate data bases.

The program saves many valuable man-hours, provides more accurate information, and is user-friendly. Wallace said the program is very intuitive, and even his Red Cross volunteers who have no technical training have little trouble learning how to use it.

Wallace credits the fine-tuning of CAPE to a fellow dentist, CAPT Ted Rocha, DC, who "field-tested" the program for three months and offered many suggestions for improvement.

Wallace submitted CAPE as a beneficial suggestion for implementation at Naval Dental Center, Pearl Harbor.

For more information about CAPE, Wallace can be reached at (808) 474-4400 x200, DSN (315) 474-4400, or e-mail padlph1@pad20.med.navy.mil.

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Headline: "Backfill" Keeps Bremerton Going

Bremerton, WA-When 160 staff members from Naval Hospital Bremerton left for two weeks of "hands-on" Fleet Hospital training, in their wake came a "backfill" of Reservists.

The active duty staff was training for their new collateral jobs as the staff of a deployable Fleet Hospital.

When the call went out to the Naval Reserve community to fill the positions of the active duty personnel in training, the response was phenomenal.

"We had over 120 Reservists from all over the country who responded to fulfill this mission," said LCDR Debra Brauchler, NC, the hospital's Reserve liaison officer.

Since Fleet Hospital personnel are taken out of positions hospital-wide, Brauchler examined each Reservist's resume to make sure the hospital got the right "fill."

"I am just in awe of the Reservists' backgrounds," she said. "This is a group of very talented people."

One Reservist, CAPT David Rosenblum, MSC, stepped in as Bremerton's acting executive officer. In his Reserve capacity, he is the commanding officer of Naval Reserve Naval Hospital Bethesda Unit 802 at National Naval Medical Center Bethesda, MD. As a civilian, he works for the State of New York, budgeting for four public medical schools, three teaching hospitals, two dental schools and a college of optometry.

"I volunteered to come to Bremerton. I strongly believe that this is what Reservists are trained for and should be doing at every opportunity," said Rosenblum.

Often, Reserve training means shadowing an active duty

individual, but "backfill" is another story.

"In this case, their active duty counterparts were gone, they just had to come in and take over," Brauchler said.

According to HMI Paul Rowland, a Reservist who came to help out, being "backfill" was exceptionally rewarding.

"It was a much more realistic annual training (AT) than any I've experienced in my five previous ATs," said Rowland, who, as a civilian, is a peripheral vascular services technician at a Texas hospital.

According to CDR Vickie Broussard, NC, head of Bremerton's operating room (OR) nursing, without the Reservists, only one of her rooms would have been available, backlogging 30 elective surgery cases a week.

"With certified OR people, they know what to do, they come in prepared, they just have to learn where things are," said Broussard.

Bremerton's Commanding Officer CAPT James A. Johnson, MC, was pleased with how the "backfill" worked out.

"It was a seamless integration. Ultimately our beneficiaries benefited from their presence and I slept well at night (because of the Reservists). I thank them for that."

By Judith A. Robertson, Naval Hospital Bremerton

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Headline: DOD Mandates Evening, Weekend Hours at Medical Facilities

Washington, DC-Military clinics and hospitals will open for evening and weekend patient care, DOD's top doctor has told the services' surgeons general.

Dr. Stephen Joseph, assistant secretary of defense for health affairs, said DOD will move aggressively on this patient care policy and ordered the service's surgeons general to submit implementation plans by Mar. 10.

Joseph first announced his intentions at a regional TRICARE conference here in January. He told the participants DOD must "offer our patients access to the care they need, when it is convenient for them." He said the TRICARE access goal should be to provide clinical services four nights a week and, if needed, on Saturday mornings, the current civilian benchmark.

In a Feb. 7 memorandum to service secretariats, Joseph formalized the policy to "ensure success and beneficiary acceptance of our TRICARE program ... particularly for Prime enrollees."

"The implementation of this policy should greatly enhance access for all TRICARE Prime enrollees," the DOD health chief added.

By Douglas J. Gillert, American Forces Press Service

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Headline: GITMO Hospital Supports Operation Present Haven
Guantanamo Bay, Cuba-When a U.S. Coast Guard ship

stopped and boarded a Guyanese-flagged fishing boat off the coast of Cuba trying to smuggle Chinese migrants into the United States, one of the first calls was to U.S. Naval Hospital (USNH) Guantanamo Bay.

A USNH Guantanamo Bay medical team, composed of LT Lorraine Nadkarni, MC; LT Karl Stout, NC; HM1 Elisha Alexander; and HM2 Euler Dureus screened the 43 migrants for medical problems as part of "Operation Present Haven," a joint forces operation headed by U.S. Commander in Chief, U.S. Army Command.

The medical team found the migrants in generally good health, but, according to hospital Executive Officer CAPT B. K. Bohnker, MC, "they looked like they'd been in a really dirty place for a really long time." He estimated they had been subsisting on the fishing boat for "a couple of months."

The 43 migrants were returned to Guyana after they were processed.

This is the second time in the last six months the hospital has been called on to provide medical assistance to Chinese migrants.

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Headline: Survey Shows Satisfaction With TRICARE Prime

Washington, DC-DOD has released preliminary data from a comprehensive survey of nearly 8,000 health beneficiaries about TRICARE.

The survey indicates the majority of active-duty and retired military personnel and their families are happy with TRICARE Prime and plan to re-enroll in the program.

The data also show an increase in satisfaction with health care at military hospitals and clinics since the introduction of Prime.

The survey rated enrollees' understanding of the program as well as their satisfaction with TRICARE Prime. Overall satisfaction covered six aspects: administration, medical care, access and convenience, coverage, information about coverage, and costs.

Prime enrollees said they were most satisfied with the customer service and quality of medical care and less satisfied with the number of providers in the network and their ability to access specialists.

The survey results show that 89 percent of non-active duty TRICARE Prime participants are likely to re-enroll in Prime, while only 7 percent said they are unlikely to re-enroll.

The data also indicate that most beneficiaries have a solid comprehension of TRICARE Prime, with 75 percent of non-active duty and 62 percent of active duty reporting they have a good to excellent understanding of the health care program.

From the Navy Wire Service

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Headline: Missing Your Federal Tax and Wage Statements?

Washington, DC-The tax "season" has arrived--it's time to get your records together.

Service members and federal civilians who have not received their Federal Tax and Wage Statements (Form W-2) should contact the appropriate finance offices. If the finance offices cannot help, call the appropriate number below:

- Navy Active Duty - (800) 346-3374
- Naval Reserve - (800) 255-0974
- Marine Corps Active Duty and Reserve - (800) 449-3327
- Civilian Employees
 - Columbus Center - (614) 693-0162
 - Denver Center - (800) 538-9043
 - Charleston Center - (800) 729-3277
 - Omaha Center - (800) 554-0527
 - Pensacola Center - (904) 452-8325/7/8
- Navy and Marine Corps retirees - (800) 321-1080

Courtesy of Defense Finance and Accounting Service

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Headline: TRICARE Question and Answer

Question: It seems to me that the military's health care system has worked well for decades. Why change it and implement TRICARE?

Answer: Since 1987, 35 percent of the military hospitals in the U.S. have closed. There has been similar downsizing in the number of doctors, nurses and medical technicians in military service. But the number of beneficiaries is not shrinking nearly as fast, so overall there is less space available in military hospitals. DOD medical leaders needed to find a better way to deliver health care, one that efficiently combines military and civilian resources into a seamless system to maintain or improve quality, increase access, and control costs for beneficiaries and taxpayers. TRICARE is that better way.

Additional information on TRICARE is available on the Department of Defense (Health Affairs) Homepage on the World-Wide Web. The address is <http://www.ha.osd.mil>.

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Healthwatch: Are You Keeping Your Children Safe From Poison?

Little Johnny looks on as his dad lights the barbecue grill. Noticing the inviting drinking cup beside dad, Johnny reaches for the cup. Before the cup touches his lips, dad turns around in a panic and stops him before he drinks the lighter fluid for the grill.

This scenario and others like it are not uncommon. According to the Poison Prevention Week Council, an estimated 135,000 children (about 1 in 100) under the age of five will be victims of accidental poisoning.

Exploration of the world around them is how children learn. Unfortunately, what they see and reach for is often put in their mouths. As their mobility, ingenuity and

capabilities increase, it is even more important to store medicines and household products more securely. It only takes that one regrettable moment when you turn your back for a child to ingest poison.

"We all get comfortable in a familiar environment such as our home. Unfortunately, this comfort can kill. That's why using a little risk management around your home can save a child's life. Ask yourself 'What if...?', and if that answer is bad, then take the necessary steps to prevent that outcome," said LCDR Gary Thomas at the Naval Safety Center in Norfolk, VA.

Medicines, household substances, insect sprays, kerosene, lighter fluid, some furniture polishes, turpentine, paints, solvents, and products containing lye and acids are most frequently the cause of accidental poisoning among children.

Here are ten ways to reduce the risk of poisoning:

- Keep household chemical products and medicines out of reach and out of sight of children. Kitchen counters and bathroom surfaces are very accessible.

- When these product are in use, never let them out of your sight-even if you must take them along when you answer the telephone or the doorbell.

- Store medicine separately from household products and household chemical products away from food.

- Keep items in their original containers -- NEVER in cups or soft drink bottles.

- Leave the original labels on all products and read the label before using.

- Always turn the light on when giving or taking medicine.

- Avoid taking medications in their presence. Avoid drinking medicine from the bottle.

- Refer to medicine as "medicine" not "candy".

- Clean out your medicine cabinet periodically. Get rid of old medicines by flushing them down the drain. Rinse the container in water before discarding it.

- Use safety packaging properly by closing the container securely.

By Kimberly Allen, Bureau of Medicine and Surgery

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Note: National Poison Week is March 16-22. This observance was designed to alert the people to the hazards of accidental poisoning. This year's theme is "Children Act Fast...So Do Poisons."

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail mednews@bms200.med.navy.mil, telephone 202/762-3223 (DSN 762-3223), or fax 202/762-3224.